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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/537,388	06/03/2005	Mark Thomas Johnson	NL02 1223 US	4946
	7590 05/01/200 TRONICS NORTH A	8 MERICA CORPORATION	EXAMINER	
	AL PROPERTY & ST LE ROAD MS 91/MC	: : -	CHOWDHURY, AFROZA Y	
SAN JOSE, CA		ADTINIT		PAPER NUMBER
			2629	
			MAIL DATE	DELIVERY MODE
			05/01/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intorvious Summary	10/537,388	JOHNSON ET A	L.			
Interview Summary	Examiner	Art Unit				
	AFROZA Y. CHOWDHURY	2629				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>AFROZA Y. CHOWDHURY</u> .	(3)					
(2) <u>Patti Demichele</u> .	(4)					
Date of Interview: 25 April 2008.						
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)⊠ applicant's representative	e]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.					
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f) was reached. g) was not reached. h) № N	J/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Applicant's representative confirmed that the application is abandoned</u> .						
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO			
'						
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red				

Application No.

Applicant(s)